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CDC Health Advisory

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New Possible SARS Case Reported in Beijing

On April 22, 2004, the Chinese Ministry of Health reported a possible case of severe acute respiratory syndrome (SARS) in a 20-year-old woman who works as a nurse in a hospital in Beijing. If confirmed, this will be the first case of SARS since January 2004, when Chinese health authorities confirmed SARS coronavirus (SARS-CoV) infection in three persons in Guangdong Province.

According to media reports and information on the [World Health Organization \(WHO\)](#) website, the woman reported onset of fever, cough, and chills on April 5. She was admitted to a hospital in Beijing on April 7 and was transferred to the intensive-care unit at another Beijing hospital on April 14, where she remains in intensive care. On April 22, a panel of Chinese experts diagnosed the 20-year-old patient as a case of possible SARS, based on positive test results for antibodies to SARS-CoV in serum. The source of the patient's infection is unknown at this time.

Beijing public health authorities have initiated an epidemiologic investigation. Of 171 close contacts under medical observation, 5 have developed fever and have been placed in isolation. The Chinese MOH has requested local health authorities in China to enhance surveillance for SARS, influenza-like illness, and pneumonia of unknown etiology. CDC is in close communication with WHO about the newly identified possible case in China and will provide additional information as it becomes available.

In light of this report, CDC is recommending that U.S. physicians maintain a greater index of suspicion for SARS in patients who **1) require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS) AND 2) who have a history of travel to mainland China (or close contact with an ill person with a history of recent travel to mainland China) in the 10 days before onset of symptoms.** When such patients are identified, they should be considered at high risk for SARS-CoV infection and the following actions should be taken:

- Patients should immediately be placed in appropriate isolation precautions for SARS (i.e., contact and airborne precautions along with eye protection).

- Patients should promptly be reported to the state or local health department.
- Patients should promptly be tested for evidence of SARS-CoV infection as part of the diagnostic evaluation (see Appendix 2, "Updated Guidelines for Collecting Specimens from Potential SARS Patients," in the CDC document, [In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting](#)
- The health department should identify, evaluate, and monitor relevant contacts of the patient, as indicated. In particular, the health status of household contacts or persons who provided care to symptomatic patients should be assessed.

Health care providers are reminded to obtain a travel history for patients presenting with acute respiratory illness. In addition, this new case of possible SARS provides a reminder to all healthcare settings, especially physician offices, outpatient clinics, and emergency departments, of the importance of implementing infection control precautions at the point of first contact with patients who have symptoms of a respiratory infection. These include respiratory hygiene/cough etiquette, hand hygiene, and droplet precautions (i.e., masks for close patient contact). For additional information, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)

The reported new possible case of SARS in China represents an evolving situation, and CDC will distribute updates as additional information is learned. For more about SARS and the current U.S. SARS control guidelines, see the [CDC SARS website](#)

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